COUNTY OF LOS ANGELES- COMMUNITY AND SENIOR SERVICES
WIA RPID RESPONSE PROGRAM
FINAL REQUEST FOR CASH
2009-2010 Final Close-out

Agency:	CSS STAFF USE ONLY
Address:	Program Staff Review: Date:
City: State: Zip:	Fiscal Review: Date:
Contract No: Program	Fiscal Approval: Date
Final Close Out: **07/01/09-06/30/10** Req No:	Amount Paid: Enc. No

Current Budget	
Cash Received/Invoiced	
Cash Disbursed	
Cash Balance	
Cash Request	
Available Balance	

ACCRUALS

QT 1	QT 2	QT 3	QT 4	CLOSEOUT

I certify that the information in this statement is correct to the best of my knowledge and the expenditures reflected herein are made in accordance with conditions of the subcontract. I also certify that all required payroll tax and income tax monies have been withheld from wages of persons employed by this organization to this date, and such funds have been held in a reserve fund or transmitted to local, state or federal officials as required by appropriate laws. I, as the authorized representative for this agency, by submitting this document attest to the truth and authentcity of the claims made and support documents represented.

Prepared By:_____   Title: _____
Date: _____   Phone: _____
Authorized Signature: _____   Date: _____

COUNTY OF LOS ANGELES-COMMUNITY AND SENIOR SERVICES
WIA RAPID RESPONSE
MONTHLY FUND REQUISITON

Contractor:_____   Contract No.:_____
Program:_____   Request Period:_____
Contact No.:_____   Fiscal Year:_____
Prepared By:_____

Line Item Budget	Allowable	Required	Total
Salaries and Wages			
Fringe Benefits			
Sub Total Personnel Costs			
Non Personnel Costs			
Facility (Rent/Lease)			
Utilities(Telephone, ISP ,Gas)			
Janitorial Services			
Maintenance Repair			
Computer Hardware Software			
Office Equipment			
Training Materials			
Consumable Supplies			
Advertisement			
Print/Production			
Professional Services			
Consultant/Subcontractor			
Audit			
Travel			
Meeting/Conference			
Insurance			
a. Building			
b.Liablity Automobile			
Staff Training			
Other(dues, fee & Subscription)			
Other (Specify)			
Sub-Total Non Personnel Costs			
GRAND TOTAL			

Charges	Required	Allowable	Total
Current Budget			
Current Period Expense			
Prior Period Expense			
Total Expenditure			
Cash Request			
Available Balance			

General Ledger for _____
                              (Agency Name)

Time Period Covered: _____

General Ledger Instructions
General Ledger must be program specific to program funded.   <u>Please do not send us an Agency wide</u> <u>general ledger</u>. All grantees must keep records that adequately identify grant funds. The records must contain information pertaining to the grant, and be maintained in accordance with Generally Accepted Accounting Principles (GAAP). Therefore, we are asking that your agency separate your General Ledger by programs. Final payment will not be made until we can identify program expenditures appropriately. Contractors must ensure that all line item cost categories align to the Budget Summary's included in your 2009-10 contract. Any discrepancies may result in reductions in your invoice.
Also refer to Attachment G for accrued expenditures.

2009-2010 FINAL PROPERTY INVENTORY CERTIFICATION
<u>(WIA Rapid Response Acquired Property Only)</u>

*Subrecipient:*_____

Contract #:_____   Today's Date: _____

A. ☐   A Contract **Without** Property
I hereby certify that no WIA property was furnished or acquired by the terms and conditions of this Contract.

B. ☐   A Contract **With** Property
I hereby certify that the below inventory listing is complete, and that it correctly describes all items of materials and equipment furnished or purchased under the terms and conditions of this award. (Attach additional pages if needed.)

Item	ID# (e.g., stock no., serial no., property tag no., etc.)	Location (Only if different from the "Request for Cash".)	Acquisition Date	Acquisition Cost	Condition	Current Value

C. A New Contract Has Been Approved
The above or attached listing of property will be retained for the period as specified in Contract #_____.

D. A New Contract Has Not Been Approved
The above or attached listing property will be returned within ninety (90) days of the release date of this Contract.

Signature of Authorized Official:_____   Date:_____

Name:_____   Title:_____

Employment ID No. _____

WIA Rapid Response Program
Contract Closeout Tax Certification Form
2009-2010

In the performance of agreement number _____, I certify I have complied with requirements of the law, and

the State WID Administration, State of California, regarding the obtaining of employer identification/account

numbers, collection, payment, deposit, and reporting of Federal, State and local taxes and the provision of W-2

forms to employees/enrollees who are not now my employees. For present employees/enrollees, formerly employed

under the award, W-2 forms will be furnished as specified in Circular E, of the Employers Tax Guide.

IN WITNESS WHEREOF, this assignment has been executed this _____ *day of*
_____, 20_____

_____
Name of Contractor

_____
Authorized Representative (Signature)

_____
Title

_____
Address

CERTIFICATION OF
PROGRAM INCOME DISCLOSURE
2009-2010

1) Program Income

Did your agency generate any Program Income?

☐ Yes   ☐ No

If yes please explain below: (please add additional pages if necessary)

_____
_____
_____

Please detail by cost category - Administrative and Program

Grant	Administrative	Program	Total Program - Income
☐ WIA Rapid Response			

I certify that the information contained in this Certification of Program Income Disclosure form is true and correct to the best of my knowledge.

_____   _____
Signature   Date

COUNTY OF LOS ANGELES – COMMUNITY AND SENIOR SERVICES
WIA RAPID RESPONSE
CONTRACTOR RELEASE FORM
2009-2010

Pursuant to the terms of 2009-2010 Contract #_____, and in consideration of the expended and accrued sum of $_____, of which $_____is the **amount paid** and $_____is the **amount to be paid** under the said agreement, _____hereinafter called the awardee or to its assignees, if any, the awardee upon payment of the said sum _____ (subject to the review and final reconciliation by the Department of Community and Senior Services, hereinafter called the awarding agency) does release and discharge the awarding entity, its officers, agents, and employees, of and from all liabilities, obligations, claims, and demands whatsoever under or arising form the said agreement, except:

1.   Unpaid bills in stated amounts, or in estimated amounts where the exact amounts are not available, by the awardee, as follows:

Accrued Expenditures (attach additional worksheets, if necessary) – Costs should be supported in your general ledger

Invoice Date (if known)	Vendor	Invoice or P.O. #	Line Item	Cost Category	Amount	Expected Payment Date

2.   Claims submitted after the July 6, 2010 deadline, which resulted from liabilities under the contracted program above, will not be paid, including unemployment insurance and audit costs.

This release has been executed this _____day of _____2010.

Signature/Authorized Official: _____

Name: _____

Title: _____